SHERI DAN MEDI CAL COMPLEX

8400 SHERIDAN ROAD

KENOSHA 53143 Phone: (262) 658-4141		Ownershi p:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	102	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	105	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	86	Average Daily Census:	93

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/01)	%			
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	60. 5
Supp. Home Care-Personal Care	No					1 - 4 Years	33. 7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3. 5	More Than 4 Years	5. 8
Day Services	No	Mental Illness (Org./Psy)	16. 3	65 - 74	14. 0		
Respite Care	No	Mental Illness (Other)	3. 5	75 - 84	36.0		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	39. 5	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	7.0	Full-Time Equivalent	t
Congregate Meals	No	Cancer	11.6	İ	j	Nursing Staff per 100 Res	si dents
Home Delivered Meals	No	Fractures	3. 5		100. 0	$(12/3\hat{1}/01)$	
Other Meals	No	Cardi ovascul ar	11.6	65 & 0ver	96. 5		
Transportation	No	Cerebrovascul ar	8. 1			RNs	16. 4
Referral Service	No	Di abetes	27. 9	Sex	%	LPNs	5. 8
Other Services	Yes	Respiratory	16. 3		· Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	1. 2	Male	24. 4	Ai des, & Orderlies	45. 0
Mentally Ill	No	İ		Female	75. 6		
Provide Day Programming for		Ì	100. 0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		Medicare litle 18			edicaid itle 19			0ther			Pri vate Pay	.		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	12	100.0	323	60	96. 8	98	1	100.0	171	11	100.0	171	0	0.0	0	0	0.0	0	84	97. 7
Intermedi ate				2	3. 2	81	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2. 3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	i 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	12	100.0		62	100.0		1	100. 0		11	100.0		0	0.0		0	0.0		86	100. 0

SHERIDAN MEDICAL COMPLEX

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Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Condi ti or	ıs, Servi ce	s, and Activities as of 12/3	31/01
Deaths During Reporting Period							
				% N	leedi ng		Total
Percent Admissions from:		Activities of	%	Assi s	stance of	% Totally	Number of
Private Home/No Home Health	0.8	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent I	Resi dents
Private Home/With Home Health	6. 5	Bathi ng	0. 0		53. 5	46. 5	86
Other Nursing Homes	0.8	Dressi ng	7. 0		41.9	51. 2	86
Acute Care Hospitals	91.9	Transferring	14. 0		41.9	44. 2	86
Psych. HospMR/DD Facilities	0.0	Toilet Use	11. 6		44. 2	44. 2	86
Reĥabilitation Hospitals	0.0	Eating	36. 0		32. 6	31. 4	86
Other Locations	0.0	*******	******	******	*******	*********	******
Total Number of Admissions	124	Conti nence		% 5	pecial Trea	atments	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	7. 0	Recei vi ng	Respiratory Care	2. 3
Private Home/No Home Health	0.0	Occ/Freq. Incontinent	of Bladder	48. 8		Tracheostomy Care	1. 2
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	51. 2	Recei vi ng	Suctioning *	2. 3
Other Nursing Homes	5.8	•				Ostomy Care	1. 2
Acute Care Hospitals	74. 5	Mobility			Recei vi ng	Tube Feeding	4. 7
Psych. HospMR/DD Facilities	0.0	Physically Restrained		3. 5	Recei vi ng	Mechanically Altered Diets	31. 4
Reĥabilitation Hospitals	0.0				Ü	v	
Other Locations	0.7	Skin Care		(ther Resid	ent Characteristics	
Deaths	19.0	With Pressure Sores		1. 2	Have Adva	nce Directives	100. 0
Total Number of Discharges		With Rashes		4. 7 I	ledi cati ons		
(Including Deaths)	137				Recei vi ng	Psychoactive Drugs	41. 9
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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

************************************* Ownership: Bed Size: Li censure: 100-199 Al l Thi s Propri etary Skilled Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 88. 2 82.7 1.07 83.8 1.05 84.3 1.05 84.6 1.04 Current Residents from In-County 95. 3 82. 1 1. 16 84. 9 1. 12 82. 7 1. 15 77. 0 1. 24 Admissions from In-County, Still Residing 40.3 18.6 2.16 21.5 1.88 21.6 1.87 20.8 1.94 Admissions/Average Daily Census 133.3 178.7 0.75 155. 8 0.86 137. 9 0.97 128. 9 1.03 Discharges/Average Daily Census 147.3 179.9 0.82 156. 2 0.94 139. 0 1.06 130.0 1.13 Discharges To Private Residence/Average Daily Census 0.0 76. 7 0.00 61. 3 0.00 55. 2 0.00 52.8 0.00 Residents Receiving Skilled Care 97.7 93.6 1.04 93. 3 1.05 91.8 1.06 85. 3 1. 15 Residents Aged 65 and Older 96. 5 93.4 1.03 92. 7 92. 5 87. 5 1. 10 1.04 1.04 Title 19 (Medicaid) Funded Residents 72. 1 63.4 64.8 1.11 64.3 68. 7 1. 14 1. 12 1.05 Private Pay Funded Residents 12.8 23.0 25. 6 22. 0 0. 56 23. 3 0. 55 0.50 0. 58 0. 7 0.00 0. 9 0.00 1. 2 7. 6 0.00 Developmentally Disabled Residents 0.0 0.00 Mentally Ill Residents 19.8 30. 1 0.66 37. 7 0. 52 37.4 0.53 33.8 0.59 General Medical Service Residents 23. 3 21.3 0.05 21. 2 0.05 19. 4 0.06 1. 2 0.05 49.3 Impaired ADL (Mean) 64. 9 48.6 49.6 1.31 49.6 1.31 1.32 1.34 Psychological Problems 41.9 50.3 0.83 53. 5 0.78 54. 1 0.77 51. 9 0.81 Nursing Care Required (Mean) 6. 1 6. 2 0.98 6. 5 0. 94 6. 5 0.94 7. 3 0.83